

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>gh</i>	<i>1020</i>	<i>2/1/01</i>
FORMALITY REVIEW			<i>04/02/01</i>
RESPONSE FORMALITY REVIEW	<i>ku</i>	<i>1019</i>	<i>10-31-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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*10/04/02*  
*947*  
*10/31/01*